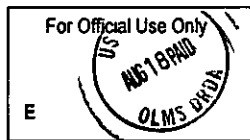


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9991	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Edward T Gallagher P O Box Bldg Room No if any Suite 315 Street 1950 Street Rd City Bensalem State Pennsylvania ZIP Code + 4 19020	4 Name file number and address of labor organization Name National Postal Mail Handler Union Labor Organization File Number 000-050 000 505 P O Box Building and Room Number if any Suite 315 Street 1950 Street Rd City Bensalem State Pennsylvania ZIP Code + 4 19020
5 Position in labor organization Regional Representative	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed Edward T Gallagher On 8-11-05 215 638 3188
Date Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name First Health
Trade Name if any
P O Box Bldg Room No if any
Street 3200 Highland Avenue
City Downers Grove
State Illinois ZIP Code + 4 60515

9 Business deals with

- ☒ a Labor Organization
☐ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name
Trade Name if any
P O Box Bldg Room No if any
Street
City
State ZIP Code + 4

11 a Nature of such dealing

First Health administers and underwrites the Union Health Plan

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Attended 1 dinner and 3 group buffet dinners March 20-24 2004 Self and spouse Amounts not known
Approximate value is \$200

12 b Amount

\$200

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name
Trade Name if any
P O Box Bldg Room No if any
Street
City
State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing Edward Gallagher

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name First Health

Trade Name if any

P O Box Bldg Room No if any

Street 3200 Highland Avenue

City Downers Grove

State Illinois

ZIP Code + 4 60515

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

First Health administers and underwrites the Union health plan

11 b Approximate dollar value of such dealing

UNK

12 a Nature of interest held or income received

August 19 29 2004 Duffle bag (Self) 5 group
buffet dinners (Self and Spouse) 1 2 dinners
(Self & Spouse) (not sure about number of dinners)
1 dinner (Spouse) approximate value \$390-\$490

12 b Amount

\$490

Name of Person Filing Edward Gallagher

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name First Health

Trade Name if any

P O Box Bldg Room No If any

Street 3200 Highland Avenue

City Downers Grove

State Illinois ZIP Code + 4 60515

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c. is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No If any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

First Health administers and underwrites the Union Health Plan

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

December 9-11 2004 (Self) Attended 3 group
buffet dinners and 1 dinner Approximate value
\$100 00

12 b Amount

\$100